

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request:	2 Serial/Patent # <b>10/518960</b>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing		1	12/20/04
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	<b>\$ 100</b>
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <b>02-1818</b>	
No Fee Due (Explanation):     			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <b>A Johnson</b>		TITLE: <b>paralegal</b>	
SIGNATURE: <b>A Johnson</b>		PHONE: <b>308-9140</b>	
OFFICE: *****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B